



Retailer Application

Chain Name (For Lottery Use Only):		Chain Control # (For Lottery Use Only):	
Business Name:			
Legal Name:			
Address:			
City:	State:	Zip:	
Contact:		Phone:	
Business Hours	From:	To:	
Owner/Partner/Duly Authorized Officer:			
Phone:		Mailing Address:	
City:	State:	Zip:	
County:			
<p>Business Type (Check One)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Convenience Store</div> <div style="width: 50%;"><input type="checkbox"/> Drug Store</div> <div style="width: 50%;"><input type="checkbox"/> Newsstand</div> <div style="width: 50%;"><input type="checkbox"/> Service Station</div> <div style="width: 50%;"><input type="checkbox"/> Grocery Store/Market</div> <div style="width: 50%;"><input type="checkbox"/> Restaurant</div> <div style="width: 50%;"><input type="checkbox"/> Bar/Lounge/Casino</div> <div style="width: 50%;"><input type="checkbox"/> Liquor Store</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div>			
Does this business or the individuals listed on the Personal Data Form owe any taxes or debts to the State of Montana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this business or the listed individuals: *ever been sued, have outstanding claims or judgments?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*ever been convicted of a felony or gambling related offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*ever filed for bankruptcy in Montana or the US, been placed in receivership or made any assignments to creditors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*ever held or applied for or presently hold a gambling, liquor, beer or lottery license in the State of Montana or elsewhere?			<input type="checkbox"/> Yes <input type="checkbox"/> No
*ever operated under different names?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED "YES" PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER</p> <p><u>Certification</u></p> <p>I hereby certify that the foregoing information is true and complete. I understand that false or misleading statements are cause for denial of this application and/or suspension or revocation of the Lottery Retailer License. I authorize the State of Montana to investigate my financial records, financial sources, criminal history and any other matter necessary for licensing. By my signature I certify that the provided information is accurate to the best of my knowledge.</p>			
Signature:		Title:	Date:



Personal Data Form

For a **sole proprietorship**, the owner must complete this form. For a **general partnership**, submit the requested information for each individual with 10% or more interest in the business. For a **limited liability partnership or corporation**, the president and vice president must complete the form. The form must be fully completed to expedite processing of your application.

Business Name:

Phone Number:

Street Address:

1. Individual's Full Name:	A.K.A. (Maiden name, nickname, etc.)		
Street Address:	City:	State:	Zip:
SSN:	Date of Birth:		
Relationship to Above Business:			
*SIGNATURE:			

2. Individual's Full Name:	A.K.A. (Maiden name, nickname, etc.)		
Street Address:	City:	State:	Zip:
SSN:	Date of Birth:		
Relationship to Above Business:			
*SIGNATURE:			

3. Individual's Full Name:	A.K.A. (Maiden name, nickname, etc.)		
Street Address:	City:	State:	Zip:
SSN:	Date of Birth:		
Relationship to Above Business:			
*SIGNATURE:			

4. Individual's Full Name:	A.K.A. (Maiden name, nickname, etc.)		
Street Address:	City:	State:	Zip:
SSN:	Date of Birth:		
Relationship to Above Business:			
*SIGNATURE:			

*By my signature I authorize the Montana Lottery to investigate my financial background, criminal history and/or any other matter necessary for licensing. I certify that I have read the Conditions of Licensing and agree to comply with those conditions.



Montana Sports Action Licensing Addendum

Business Name:	
Federal Employer Identification Number:	
Gaming License Number:	
<p>Are the owners of the Gaming License different than the owners listed on the Lottery Retailer Application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please complete a personal data form listing each owner.</p>	
<p>Please identify other types of gaming offered in your establishment. Check all that apply.</p> <p><input type="checkbox"/> Video Poker # of Machines _____</p> <p><input type="checkbox"/> Video Keno # of Machines _____</p> <p><input type="checkbox"/> Video Poker/Keno Combination # of Machines _____</p> <p><input type="checkbox"/> Live Poker</p> <p><input type="checkbox"/> Live Keno</p> <p><input type="checkbox"/> Simulcast</p> <p><input type="checkbox"/> Other _____</p>	
<p>Certification</p> <p>I hereby certify that the foregoing information is true and complete. I understand that false or misleading statements are cause for denial of this application and/or suspension or revocation of the Montana Sports Action License. Applicants understand that Montana Board of Horse Racing Endorsement will cost \$75 per year.</p>	
Signature:	Date:



Electronic Funds Transfer (EFT) Authorization

THIS FORM MUST ACCOMPANY YOUR MONTANA LOTTERY RETAILER APPLICATION

Retailer Number (For Lottery Use Only):		
Retailer Name:		
I hereby authorize the Montana Lottery to initiate debit/credit entries into my (check one of the following): <input type="checkbox"/> Checking Account <u>or</u> <input type="checkbox"/> Savings Account indicated below, and the Financial Institution below, to debit/credit same to such account.		
Financial Institution:		
City:	State:	Zip:
Account No.		
This authority is to remain in full force and effect until the Montana Lottery and my Financial Institution have received written notification from me of its termination in such time and in such manner as to afford the Montana Lottery and my Financial Institution a reasonable time to act on it.		
(Choose One) <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Duly Authorized Officer Name: _____		

FOR THE ABOVE ACCOUNT PLEASE ATTACH A VOIDED CHECK

OR

FOR A SAVINGS ACCOUNT ATTACH A SAVINGS DEPOSIT SLIP.

Signature of Owner Partner or Corporate Governing Officer

Title

Date

W-9**REQUEST FOR TAXPAYER IDENTIFICATION
NUMBER (TIN) VERIFICATION**

State of Montana

Do NOT send to IRS

PRINT OR TYPE	RETURN TO ADDRESS BELOW
Legal Name (OWNER OF THE EIN OR SSN AS APPEARS ON IRS OR SOCIAL SECURITY ADMINISTRATION RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE-See Reverse for Important Information	
Trade Name COMPLETE ONLY IF DOING BUSINESS AS (DBA)	
Remit Address	
Purchase Order Address – Optional	PART II See Part II Instruction on Back of Form
Check legal entity type and enter 9 digit Taxpayer Identification Number (TIN) below: (SSN = Social Security Number EIN = Employer Identification Number)	Do Not enter an SSN or EIN that was not assigned to the legal name entered above

<input type="checkbox"/> Individual (Individual's SSN) NOTE: If no name is circled on a Joint Account when there is more than one name, the number will be considered to be that of the first name listed.	
<input type="checkbox"/> Sole Proprietorship (Owner's SSN or Business FEIN) SSN NOTE: Enter both the owner's SSN and the Business EIN (if you are required to have one)	
<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited (Partnership's EIN)	EFFECTIVE DATE OF EIN
<input type="checkbox"/> Estate / Trust (Legal Entity's EIN) NOTE: Do not furnish the identification number of personal representative or trustee unless the legal entity itself is not designated in the account title. List and circle the name of the legal trust, estate or pension trust.	EFFECTIVE DATE OF EIN
<input type="checkbox"/> Other Please specify (Entity's EIN) Limited Liability Company, Joint Venture, Club, etc.	EFFECTIVE DATE OF EIN
<input type="checkbox"/> Corporation Do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No (Corp's EIN) Includes corporations providing medical billing services	EFFECTIVE DATE OF EIN
<input type="checkbox"/> Government (or Government Operated) Entity (Entity's EIN)	EFFECTIVE DATE OF EIN
<input type="checkbox"/> Organization Exempt from Tax under Section 501(a) (Org's EIN) Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No	EFFECTIVE DATE OF EIN
<input type="checkbox"/> Check here if you do not have a SSN or EIN, but have applied for one. See reverse for information on How to Obtain a TIN.	
Licensed Real Estate Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exempt from backup withholding? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Under Penalties of perjury, I certify that:

- The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends' or (C) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition of abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends).

CERTIFICATION INSTRUCTIONS – You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. (See Signing the Certification on the reverse of this form.)

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING

Name (Print or Type)	Title (Print or Type)
Signature of U.S. Person	Date
E-Mail Address (Print or Type)	Phone()

DO NOT WRITE BELOW THIS LINE**RETURN TO ADDRESS ABOVE****AGENCY USE ONLY**

Agency
1099 ☐ Yes ☐ No
Vendor ☐ Addition ☐ Change

Approved By
Action Completed By

Date
Date

PART I	NAME AND TAX IDENTIFICATION NUMBER (TIN)
	<p>INDIVIDUALS: Enter First and Last name EXACTLY as it appears on your Social Security Card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name and both the last name shown on your social security card and your new last name (IN THAT ORDER). For your TIN, enter your Social Security Number (SSN).</p> <p>SOLE PROPRIETORSHIPS: Enter the owner's name on the first line; on the second name line you may enter the business name. YOU MAY NOT ENTER ONLY THE BUSINESS NAME. For the TIN, enter both the owner's Social Security Number and the Federal Employer Tax Identification Number (EIN) if you are required to have one.</p> <p>ALL OTHER ENTITIES: Enter the name of the owner of the EIN or SSN exactly as originally registered with the IRS. The correct TIN is the Employer Identification Number (EIN).</p>
	DO NOT ENTER AN SSN OR EIN THAT WAS NOT ASSIGNED TO THE LEGAL NAME OF THIS FORM

HOW TO OBTAIN A TIN

If you do not have a TIN, you should apply for one immediately. To apply for the number, obtain Form SS-05, Application for a Social Security Number Card (for individuals), or Form SS-4, Application of Employer Identification number (for businesses and all other entities), at your local office of the Social Security Administration or the Internal Revenue Service. Complete and file the appropriate form according to its instructions.

To complete Form W-9 if you do not have a TIN, check "Applied For" box in the space indicated on the front, sign and date the form, and give it to the requester. For payments that could be subject to backup withholding, you will then have 60 days to obtain a TIN and furnish it to the requester. During the 60-day period, the payments you receive will not be subject to the 31% backup withholding, unless you make a withdrawal. However, if the requester does not receive your TIN from you within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN to the requester.

NOTE: Writing "Applied For" on the form means that you have already applied for a TIN OR that you intend to apply for one in the near future.

As soon as you receive your TIN, complete another Form W-9, include your new TIN, sign and date the form, and give it to the requester.

PART II	FOR PAYEES EXEMPT FROM BACKUP WITHHOLDING
	<p>Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.</p> <p>If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write 'Exempt' in Part II and sign and date the form.</p> <p>If you are a nonresident alien or foreign entity not subject to backup withholding, give the requester a completed Form W-8, Certificate of Foreign Status.</p>

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PART III	CERTIFICATION
	<p>1) Interest, Dividend, and Barter Exchange Accounts Opened Before 1984 and Broker Accounts That Were Considered Active During 1983. – You are not required to sign the certification; however, you may do so. You are required to provide your correct TIN.</p>
	<p>(2) Interest, Dividend, Broker and Barter Exchange Accounts Opened After 1983 and Broker Accounts That Were Considered Inactive During 1983. – You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item (2) in the certification before signing the form.</p>
	<p>(3) Real Estate Transactions – You must sign the certification. You may cross out item (2) of the certification if you wish.</p>
	<p>(4) Other Payments – You are required to furnish your correct TIN, but you are not required to sign the certification unless you have been notified of an incorrect TIN. Other payments include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services, payments to a nonemployee for services (including attorney and accounting fees), and payments to certain fishing boat crew members.</p>
	<p>(5) Mortgage Interest Paid by You, Acquisition or Abandonment of Secured Property, or IRA Contributions. – You are required to furnish your correct TIN, but not required to sign the certification.</p>

OTHER	<p>Signature. – The signature should be an authorized signature, generally the person whose name is on the top line of the form, a partner in the partnership, or an officer of the corporation. For joint account, only the person whose TIN is shown in LEGAL BUSINESS DESIGNATION should sign the form.</p>
	<p>Privacy Act Notice. – Section 6109 requires you to furnish your correct taxpayer identification number (TIN) to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an individual retirement arrangement (IRA). IRS uses the numbers for identification purposes and to help verify accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain other penalties may also apply.</p>